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To: Examiner Joy Kimberly Contee, USPTO
Fax: 571 273-8300 Telephone: 571 272-7906
From: Michael J. Buchenhorner
Date: October 27, 2006
Re: Amendment after Final for Application 10/674,613
Filing Date 09/30/2003; Art Unit 2617
Attorney Docket Nbr YOR920030229US1

Number of pages: 13, including cover page

Attached please find my Amendment in reply to the Final Office Action dated July 27, 2006. Also attached is a Request for Continued Examination.

Regards,

Michael J. Buchenhorner

Michael J. Buchenhorner, Esq.
Registration number 33,162
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PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/674,613	RECEIVED CENTRAL FAX CENTER OCT 27 2006
	Filing Date	September 30, 2003	
	First Named Inventor	Mukund Raghavachari	
	Art Unit	2617	
	Examiner Name	Joy Kimberly Contee	
Total Number of Pages in This Submission	Attorney Docket Number	YOR920030229US1	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Fax Coversheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Michael Buchenhorner PA		
Signature	<i>Michael J. Buchenhorner</i>		
Printed name	Michael J. Buchenhorner		
Date	October 27, 2006	Reg. No.	33,162

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Michael J. Buchenhorner</i>		
Typed or printed name	Michael J. Buchenhorner	Date	October 27, 2006

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